

XXXX Agency
CAP/C Case Management

CAP/C Manual Policy and Procedures Number:

Subject: Admission Policy

- I. **PURPOSE:** This policy is designed to describe the admission process for the CAP/C program of XXXX.
- II. **POLICY:** A systematic process will be followed throughout the admission of all new patients applying for the CAP/C program. This process will meet the criteria currently in place with Division of Medical Assistance and the Department of Social Services.
- III. **PROCEDURE:**
 1. When a child is next to be admitted and there is a case manager available to provide care, the family is notified by mail to call the Department of Social Services Medicaid case worker to begin the application process.
 2. With receipt of MID number, CAP/C coordinator or case manager will contact family to do phone interview for completion of FL2.
 3. FL2 and other necessary forms are completed and sent to MD within DMA guidelines.
 - Using ProviderLink electronic system, the FL2 is completed from family information and forwarded to MD for review and signature.
 - FL2 returned by MD and forwarded to EDS for prior authorization determination.
 - Other necessary physician documents are completed, to include physician request for services (any child requiring a nurse skill level in home).
 4. Other pertinent information is collected and reviewed.
 - Review of submitted documents completed (family information sheet, Individualized Education Plan, physician records).
 - Home health agency contacted and request for care records completed if patient is receiving services (plan of treatment, medication administration record, nurses notes reflecting several days of care).
 5. Family contacted to schedule initial assessment. Review of information completed to allow for accurate plan of care development.
 6. Initial assessment completed in home with plan of care reviewed and signed by guardian. Review of CAP/C program with questions addressed by assessor.
 - CAP/C Assessment tool completed electronically (this may take place in home or in facility).
 - Home assessment portion of assessment tool completed with home visit.

- Plan of care reviewed and guardian signature obtained. Each point of “Statement of Understanding” thoroughly reviewed with guardian.
- Initial assessment packet printed and submitted to Division of Medical Assistance for approval.

SAMPLE